

Life Choices

PART 1 BENEFICIARY'S INFORMATION

First Name _____ Middle Name(s) _____

Last Name _____ Maiden Name _____ Title _____

Date of Birth (DD/MM/YY) _____ Gender _____ Marital Status _____

Nationality _____ Place of Birth _____

☐ License ☐ Passport ID No. _____ Country of Issue _____ Date of Expiry _____

Mailing Address _____

Residential Address: House Name/No. and Street _____

Parish/District _____ Zip Code _____ Country _____

Home Tel. No. _____ Cellular No. _____ Work No. _____

Fax No. _____ Email Address _____

Employment Status _____ Occupation _____

Employer Name _____ Years of Employment _____ Annual Income _____

Employer Address: Number & Street _____

Parish/District _____ Zip Code _____ Country _____

If self-employed, provide details and nature of business _____

_____If retired, provide details of your most recent occupation _____

Please detail the source(s) of the funds that will be directed to your account(s):

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Salary/Bonus | <input type="checkbox"/> Savings | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Bank Loan |
| <input type="checkbox"/> Maturity/surrender of Life Insurance Policy | <input type="checkbox"/> Death Benefit – Beneficiary | <input type="checkbox"/> Pension | |
| <input type="checkbox"/> Other (specify): _____ | | | |

Please explain the source(s) of the wealth/net worth that may be directed to your account(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> Savings from salary | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Sale of investment |
| <input type="checkbox"/> Sale of Property | <input type="checkbox"/> Death benefit payment | <input type="checkbox"/> Dividends or Profits from Company |
| <input type="checkbox"/> Other (specify): _____ | | |

The term “**Politically Exposed Person**” applies to someone who currently has, or has had, a position of public trust (e.g., government official, senior executive of government corporations, politician, important political party official, etc.) or an individual who is closely related to/associated with such a person.

Does this description apply to you?☐ Yes ☐ NoIf Yes, please explain: _____

Life Choices

What other Coralisle Products do you have?

- | | | |
|--|---|--|
| <input type="checkbox"/> Home Contents Insurance | <input type="checkbox"/> Motor Insurance | <input type="checkbox"/> Home Building Insurance |
| <input type="checkbox"/> Medical Insurance | <input type="checkbox"/> Travel Insurance | <input type="checkbox"/> Business Insurance |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Life Insurance (Group) | <input type="checkbox"/> Life Insurance (Individual) |
| | <input type="checkbox"/> Other _____ | |

PART 2 BENEFICIARY'S DECLARATION

I hereby declare that the information provided above is complete and accurate. I agree to advise the Company of any changes to my status that could affect the operation of the plan and subsequently, our relationship.

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan Coralisle Life Assurance Company Ltd. may process any and all of the personal data provided.
- I consent to Coralisle Life Assurance Company Ltd. processing my personal data, in accordance with Coralisle Life Assurance Company Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to Coralisle Life Assurance Company Ltd. in respect of any third party, is done with that third party's consent and knowledge of Coralisle Life Assurance Company Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Name _____ Signature _____ Date _____

Coralisle Life Assurance Company Ltd. Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda
PO Box HM 1559, Hamilton HM FX, Bermuda | Tel 441 293 5433 | Fax 441 296 4146 | www.CGCoralisle.com

Life Assurance and Personal Investments

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

Rev. 03-25

The Insurance Store Limited acts as the representative and insurance agent on behalf of Coralisle Life Assurance Company Ltd. in accordance to Section 24 of the Insurance Act, 2008 in the British Virgin Islands.